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** CONTINUING DATA *****

This application is a CON of 09/058,333 04/09/1998 PAT 6,368,812

which is a CIP of PCT/US97/18222 10/09/1997

which is a CIP of 08/900,230 07/23/1997 PAT 6,329,197

which is a CIP of 08/787,261 01/24/1997 ABN

which is a CIP of 08/767,964 12/17/1996 ABN

which is a CIP of 08/728,139 10/09/1996 ABN

3/21/05
mnp

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 03/25/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature <u>mnp</u> Initials <u>3/21/05</u>	PA	19	18	6

ADDRESS

45821

SYNAPTIC PHARMACEUTICAL CORPORATION

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07652

TITLE

METHOD OF USING CELLS EXPRESSING GALANIN RECEPTOR 3 (GALR3)

~~PROCESSES FOR PREPARING COMPOSITIONS INVOLVING GALR3 RECEPTOR-SPECIFIC COMPOUNDS~~

<p>FILING FEE RECEIVED 960</p>	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div>
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